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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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Application Number	10/689,248
Filing Date	10/20/2003
First Named Inventor	Capps
Art Unit	3732
Examiner Name	John J. Wilson
Attorney Docket Number	1625-002

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	R. Scott Capps		
Date	2/21/2007	Telephone	402-345-9035

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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